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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	BEL1030U
	First Named Inventor	Kreiser
	<b>COMPLETE IF KNOWN</b>	
	Application Number	10/082,808
	Filing Date	2/22/2002
	Group Art Unit	3736
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Device and Method for Measuring Fetal Blood pH

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

02/22/02

as United States Application Number or PCT International

Application Number 10/082,808 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

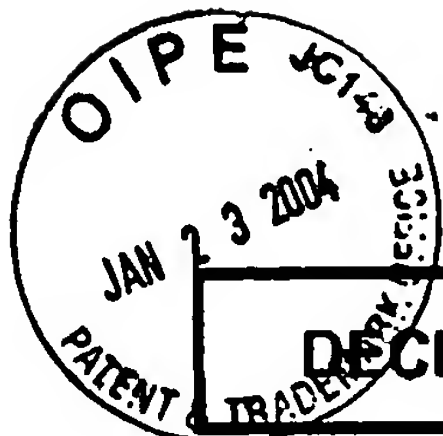
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/270,669	02/22/2001	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional application numbers are listed on a supplemental priority data sheet attached hereto



# DECLARATION AND POWER OF ATTORNEY – Utility or Design Patent Appl.

I hereby appoint:

☒ Practitioners at Customer Number

25197

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please direct all correspondence to the above indicated customer number at:

Firm or Individual Name	Leary & Associates				
Address	3900 Newpark Mall Rd.				
Address					
City	Newark	State	CA	Zip	94560
Country	USA				
Telephone	510-742-7417	Fax	510-742-7419		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Doron	Family Name or Surname	Kreiser
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Inventor's Signature				Date	
Residence: City	Herzlia	State		Country	Israel
Citizenship Israel					

Mailing Address 5 Zalman Shnelor

City	Herzlia	State		ZIP	46364	Country	Israel
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NAME OF SECOND INVENTOR:

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A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Amir	Family Name or Surname	Belson
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Inventor's Signature				Date	1/19/04
Residence: City	Cupertino	State	CA	Country	US
Citizenship Israel					

Mailing Address 20070 Rodrigues Ave., Apt. C

City	Cupertino	State	CA	ZIP	95014	Country	US
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Additional Inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s)